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Pretoria Study Says AIDS Program Is Affordable --- After Long Resisting Use Of Antiretroviral Medicines, South Africa Might Bend

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JOHANNESBURG, South Africa -- The long and bitter fight over the treatment of AIDS in South Africa, in which President Thabo Mbeki has questioned whether anti-AIDS drugs are too toxic and even whether HIV causes the syndrome, may be nearing a climax.

The government has often argued that, toxicity aside, the antiretroviral drugs are too expensive for use in public hospitals and clinics. Now, a long-awaited cost study conducted by the nation's health and finance ministries has concluded that the drugs are affordable and that a nationwide rollout is feasible, according to people with detailed knowledge of the report's contents.

The report is likely to push the ruling African National Congress into a corner -- especially since more and more prominent people, most notably former President Nelson Mandela, argue that the government's policy of not broadly providing AIDS drugs in public hospitals and clinics costs lives and makes it look callous. A survey published late last year found that 95% of South Africans think the government should provide the drugs.

Despite sometimes serious side effects, the drugs have greatly improved the prognosis of people with acquired immune deficiency syndrome, the epidemic that has cut a swath of personal, social and economic devastation through sub-Saharan Africa and elsewhere.

The cost report could actually give Mr. Mbeki a face-saving way to roll out the drugs -- and there are signs Pretoria is positioning the report that way. Essop Pahad, a longtime friend of the president and one of his closest ministers, said in a recent interview, "It's we who took the initiative to do the costing exercise, not anybody else." But he declined to speculate on how the cabinet might act and added, "I'm not sure the [toxicity] debate is closed."

The report estimates that the per-person cost for each year of life saved would initially run about 8,000 rand, or roughly \$1,100 at today's exchange rate, according to people familiar with the study. But that cost would drop sharply in a few years, the study estimates, and it outlines options to help bring down prices, including the introduction of generic drugs and a budget to accelerate regulatory approval. Public pressure and economies of scale have already lowered the drugs' costs. The study envisions that the government could provide the drugs to as many as half a million South Africans within five years. That could help it negotiate volume discounts.

Yet an aggressive rollout of antiretroviral treatment remains in doubt. Both a government study and another one sponsored by former President Mandela's charitable foundations found that about 10% of the South African population, or roughly 4.5 million people, is infected with HIV, the virus that causes AIDS. By now, say experts, that figure is closer to five million. But President Mbeki, as a matter of policy, declines interviews on the subject because the epidemic is "not his domain," according to his spokesman Bheki Khumalo; the deputy president, Jacob Zuma, has been tasked with leading the country's fight against AIDS.

Of more than 20 speeches from this year posted on his official Web site, President Mbeki has mentioned AIDS in four, and then only in cursory references.

South African government officials, stressing poverty reduction and nutrition, have said the focus on antiretroviral drugs is too narrow. Minister Pahad notes that South Africa still has problems getting

tuberculosis patients to adhere to a six-month regimen of antibiotics. Such concerns are shared by many scientists and policy makers fighting AIDS, though South Africa -- in contrast to some other nations hard hit by AIDS -- hasn't run any adult-treatment pilot projects to work out such problems.

The government has, however, tripled its AIDS budget from the most recent fiscal year, and it is set to triple again next year, reaching the equivalent of about \$455 million. It is increasing the proportion of clinics at which HIV testing and counseling is available, from about one-fourth now.

What may force Pretoria's hand on a broad antiretroviral rollout is political pressure. More and more companies have committed to provide the therapy to their employees, and Mr. Mandela is sponsoring two nonprofit projects that will provide the drugs even in impoverished rural areas. Meanwhile, the South African AIDS activist group Treatment Action Campaign, which launched a high-profile civil-disobedience campaign in March, has kept the issue in the public spotlight. TAC and the country's leading trade union have said they will take more-vigorous action if the government balks at a national rollout.

Alarming Numbers

Estimated percentage of people ages 15-49 living with HIV/AIDS, end of 2001

| | |
|---------------------------------|------|
| Sub-Saharan Africa | 9% |
| Caribbean | 2.3% |
| North America | 0.6% |
| Eastern Europe and Central Asia | 0.5% |
| Latin America | 0.5% |

HIV prevalence in South Africa, 2002

By Gender

Male 9.5%

Female 12.8%

By Race

African 12.9%

White 6.2%

Colored* 6.1%

Indian 1.6%

Total Population** 11.4%

* A South African term that generally designates people of mixed race

** Above the age of 2

Sources: World Health Organization; Nelson Mandela/HSRC Study of HIV/AIDS

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